

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 01/14/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/17/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8599	774	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		537	96	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	2	924	1347	423
		79	19	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404904	WESTERN HIGHLAN DS LME	8534	675	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8536	181	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1262	1722	460
		191	181	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	8599	497	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8654	103	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	86	755	16999	16210
		8933	52	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404912	CATAWBA COUNTYM ENTAL HEALT	79	26	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8537	2	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	30	612	582
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404913	MECKLENBURG COM ENTAL HEALT	11	9627	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	11	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	5	9658	9689	31
		143	8	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404916	CROSSROADS BEHA VIOAL HEAL	21	304	DUPLICATE OF CLAIM-SYSTEM				
		79	36	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	388	3913	3525
		143	15	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404917	CENTERPOINT HUM AN SERVICES	8505	1993	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2250	4986	2736
		8536	35	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

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3404919	GUILFORD CO MEN TAL HEALTHC	8599	782	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3412	79	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	23	1114	12089	10975
		8518	72	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404920	ALAMANCE CASWEL L AREA MH D	8505	3700	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	173	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	4027	7243	3216
		21	75	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8505	2793	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	457	DUPLICATE OF CLAIM-SYSTEM	0	4524	6477	1953
		11	432	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	3411	604	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		21	292	DUPLICATE OF CLAIM-SYSTEM	26	1018	7078	6060
		8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	137	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		120	49	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	233	736	503
		191	11	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404925	SANDHILLS CENTE R FOR MH/DD	21	638	DUPLICATE OF CLAIM-SYSTEM				
		8599	214	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	110	1734	8431	6697
		191	198	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404926	SOUTHEASTERN RE G MENTAL HL	21	951	DUPLICATE OF CLAIM-SYSTEM				
		7001	114	EXCEEDS THE ONE PER DAY LIMITA TION	20	1357	4643	3286
		8599	92	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404927	CUMBERLAND CO M HC	8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	19	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	150	1052	902
		21	18	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL HLTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	119	119
3404931	WAKE CO HUM SVC BILLING OF	11	153	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	38	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	2	280	688	408
		8622	31	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	978	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	114	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	1	1179	2382	1203
		191	39	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONslow CARTERET BEHAV HEAL	11	426	CLIENT NOT ELTGIBLE ON SERVICE DATE				
		8535	194	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	926	2448	1522
		8599	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	3	2013	2010
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	8518	15	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	14	DUPLICATE OF CLAIM-SYSTEM	0	38	600	562
		8534	9	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				

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3404939	NEUSE MENTAL HE ALTH CENTER	8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	9	DUPLICATE OF CLAIM-SYSTEM	0	38	714	676
		8654	7	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404941	PITT CO MH/DD/S AS CENTER	21	37	DUPLICATE OF CLAIM-SYSTEM				
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	62	1327	1265
		7001	5	EXCEEDS THE ONE PER DAY LIMITA TION				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	192	DUPLICATE OF CLAIM-SYSTEM				
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	204	864	660
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	36	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	109	1105	996
		8654	11	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404944	EASTPOINTE HUMA N SERVICES	8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	29	DUPLICATE OF CLAIM-SYSTEM	3	111	787	676
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404946	FOOTHILLS AREAM ENTAL HEALT	5404	613	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		79	493	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	12	2186	5283	3097
		21	225	DUPLICATE OF CLAIM-SYSTEM				
3404957	TIDELAND MENTAL HEALTH CTR	8505	621	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	43	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	13	735	2542	1807
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS
					DENIALS	DENIALS	CLAIMS
3404979	NEW RIVER AREAM	3412	50	PROVIDER TYPE AND SPECIALTY 07			
	H/DD/SA PRO			4/113 CANNOT BILL ENHANCED			
				BENEFIT SERVICES ON OR AFTER D			
		8599	47	DETAIL NOT COVERED BY COMBINAT	0	288	5565
				ION OF RECIPIENT, PROVIDER AND			5277
				BENEFIT PACKAGE.			
		8654	42	ONLY 16 UNITS ALLOWED PER DAY			
				WITHOUT PRIOR			
				APPROVAL. PLEASE CORRECT THE			